S. No. 2
—1-4-41
5-17-39
PI X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42627

Registration District No. 625 Primary Registration District No. 3031 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway (Town) Mo.
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community About 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Sheridan (Rural) (If outside city or town limits, write "RURAL") 5164
(d) Street No. 000 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME W. Marion Toops
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 1. Mrs Lottie Wood 2. Mrs Lottie Widow Toops
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 1 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	15	hr. min.

9. Birthplace Bloomfield (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Michael Toops
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Nancy Spencer
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lottie Toops
(b) Address Sheridan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Brethren Cemetery Sheridan Mo
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Maryville Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 8 45 PM minute M.
21. I hereby certify that I attended the deceased from June 1941 to Dec 22 1941 that I last saw him alive on Dec 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Coronary Occlusion	
Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Influenza	
Major findings: Of operations	
Of autopsy	

938

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Porter (M. D. or other) Do
Address Sheridan Mo Date signed

330 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 26 20

P. O. Address Marysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.